



**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/590,678
Filing Date	August 25, 2006
First Named Inventor	Frank Karlsen
Title	DETECTION OF HUMAN PAPILLOMAVIRUS
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	B0192.70065US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	27 th November 2006
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Title and Company	CEO NORCHIP AS		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.



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